

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR TREATING, INHIBITING OR PREVENTING PATHOGENIC CHANGE
 RESULTING FROM VASCULAR INJURY WITH AN ALDOSTERONE ANTAGONIST**

The specification of which, with any Preliminary Amendment, (check one)

☐ is attached hereto

☒ was filed on November 8, 2000 as Application Serial No. 09/709,253 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			Priority Claimed
(Number)	(Country)	(Day/month/year filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/164,390</u>	<u>11/09/99</u>	<u>Perfected</u>
(Application Serial No.)	(Filing date)	(Status)
_____	_____	_____
(Application Serial No.)	(Filing date)	(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; JOSEPH R. SCHUH, Registration No. P48,180; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Scott A. Williams at 314-694-4474 and address all correspondence to:

Pharmacia Corporation
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889

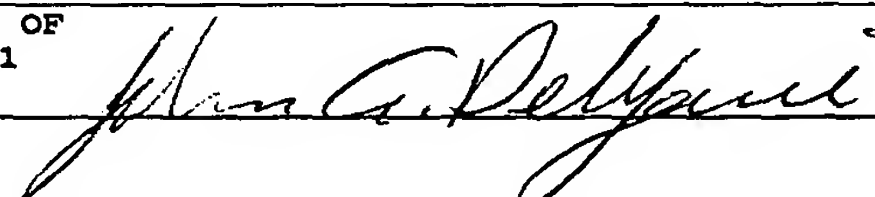
I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1) _____ 1

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Delyani	John	A.

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Grays Lake	Illinois	USA

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	1151 Williamsburg Circle	Grays Lake	Illinois USA	60030

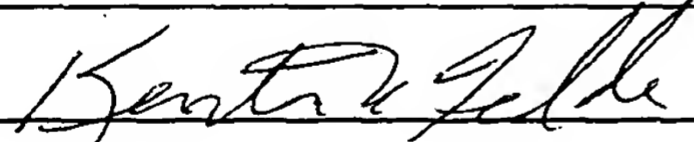
SIGNATURE OF INVENTOR 1	DATE
	5/2/01

2) _____ 2

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Fedde	Kenton	N.

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Webster Groves	Missouri	USA

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	339 Sylvester	Webster Groves Missouri	USA	63119

SIGNATURE OF INVENTOR 2	DATE
	30-April-01

3) _____ 3

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Funder	John	W.

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Victoria	Australia	Australia

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	St. Kilda Road	Victoria	Australia	8008

SIGNATURE OF INVENTOR 3	DATE

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; JOSEPH R. SCHUH, Registration No. P48,180; JAMES M. WARNER, Registration No. 45,199; SCOTT A. WILLIAMS, Registration No. 39,876; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to Scott A. Williams at 314-694-4474 and address all correspondence to:

Pharmacia Corporation
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1) _____ 1

FULL NAME OF INVENTOR	LAST NAME Delyani	FIRST NAME John	MIDDLE NAME A.
--------------------------	----------------------	--------------------	-------------------

RESIDENCE & CITIZENSHIP	CITY Grays Lake	STATE OR FOREIGN COUNTRY Illinois	COUNTRY OF CITIZEN. USA
----------------------------	--------------------	--------------------------------------	----------------------------

POST OFFICE ADDRESS	POST OFFICE ADDRESS 1151 Williamsburg Circle	CITY Grays Lake	STATE OR COUNTRY Illinois USA	ZIPCODE 60030
------------------------	-------------------------------------------------	--------------------	----------------------------------	------------------

SIGNATURE OF INVENTOR 1	DATE
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2) _____ 2

FULL NAME OF INVENTOR	LAST NAME Fedde	FIRST NAME Kenton	MIDDLE NAME N.
--------------------------	--------------------	----------------------	-------------------

RESIDENCE & CITIZENSHIP	CITY Webster Groves	STATE OR FOREIGN COUNTRY Missouri	COUNTRY OF CITIZEN. USA
----------------------------	------------------------	--------------------------------------	----------------------------

POST OFFICE ADDRESS	POST OFFICE ADDRESS 339 Sylvester	CITY Webster Groves	STATE OR COUNTRY Missouri USA	ZIPCODE 63119
------------------------	--------------------------------------	------------------------	----------------------------------	------------------

SIGNATURE OF INVENTOR 2	DATE
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3) _____ 3

FULL NAME OF INVENTOR	LAST NAME Funder	FIRST NAME John	MIDDLE NAME W.
--------------------------	---------------------	--------------------	-------------------

RESIDENCE & CITIZENSHIP	CITY Victoria	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZEN. Australia
----------------------------	------------------	---------------------------------------	----------------------------------

POST OFFICE ADDRESS	POST OFFICE ADDRESS St. Kilda Road	CITY Victoria	STATE OR COUNTRY Australia	ZIPCODE 8008
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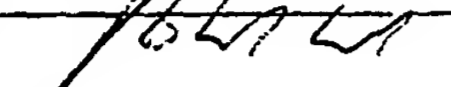
SIGNATURE OF INVENTOR 3	DATE May 2 2001
----------------------------	--------------------

4) _____ 4

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Ward	Michael	R.

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Victoria	Australia	Australia

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	St. Kilda Road	Victoria	Australia	8008

SIGNATURE OF INVENTOR 4	DATE
	8/5/01

5) _____ 5

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Kanellakis	Peter	

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Victoria	Australia	Australia

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	St. Kilda Road	Victoria	Australia	8008

SIGNATURE OF INVENTOR 5	DATE

6) _____ 6

FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Bobik	Alex	

RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN.
	Victoria	Australia	Australia

POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIPCODE
	St. Kilda Road	Victoria	Australia	8008

SIGNATURE OF INVENTOR 6	DATE

4) 4

FULL NAME OF INVENTOR	LAST NAME Ward	FIRST NAME Michael	MIDDLE NAME R.	
RESIDENCE & CITIZENSHIP	CITY Victoria	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZEN. Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS St. Kilda Road	CITY Victoria	STATE OR COUNTRY Australia	ZIPCODE 8008
SIGNATURE OF INVENTOR 4		DATE		

5) 5

FULL NAME OF INVENTOR	LAST NAME Kanellakis	FIRST NAME Peter	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Victoria	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZEN. Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS St. Kilda Road	CITY Victoria	STATE OR COUNTRY Australia	ZIPCODE 8008
SIGNATURE OF INVENTOR 5		DATE		

P. Kanellakis 2/5/01

6) 6

FULL NAME OF INVENTOR	LAST NAME Bobik	FIRST NAME Alex	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Victoria	STATE OR FOREIGN COUNTRY Australia	COUNTRY OF CITIZEN. Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS St. Kilda Road	CITY Victoria	STATE OR COUNTRY Australia	ZIPCODE 8008
SIGNATURE OF INVENTOR 6		DATE		

A Bobik 2/05/2001

Shw

**United States Patent and
Trademark Office**

Case No.	3258 US
Inventor	John Delvani, et al
Serial No.	09/709,253
Reg. Date/Filing Date	11-8-00
Received as of date stamped	Notice of Missing Parts - copy
Resp. to Notice of Missing Parts	
Decl. & POA	



JRS

JULY 07, 2003

PHARMACIA CORPORATION
CORPORATE PATENT DEPARTMENT
P.O. BOX 1027
CHESTERFIELD, MO 63006

Under Secretary of Commerce For Intellectual Property and
Director of the United States Patent and Trademark Office
Washington, DC 20231
www.uspto.gov

PTAS

JUL 15 2003

RECEIVED

ENCLOSURE

102372938A

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 02/21/2003

REEL/FRAME: 013776/0225
NUMBER OF PAGES: 8

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

DELYANI, JOHN A.

DOC DATE: 09/18/2002

ASSIGNOR:

FEDDE, KENTON N.

DOC DATE: 11/07/2002

ASSIGNOR:

FUNDER, JOHN W.

DOC DATE: 10/30/2002

ASSIGNOR:

WARD, MICHAEL R.

DOC DATE: 09/30/2002

ASSIGNOR:

KANELLAKIS, PETER

DOC DATE: 10/03/2002

ASSIGNOR:

BOBIK, ALEX

DOC DATE: 10/31/2002

DOCKETED

JUL 31 2003

BY: [Signature]

DOCKETING DEPT
PHARMACIA

013776/0225 PAGE 2

ASSIGNEE:

PHARMACIA CORPORATION
P.O. BOX 1027
CORPORATE PATENT DEPARTMENT
CHESTERFIELD, MISSOURI 63006

SERIAL NUMBER: 60164390
PATENT NUMBER:

FILING DATE: 11/09/1999
ISSUE DATE:

TARA WASHINGTON, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS

02-26-2003

et No.: 3258 PR

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office



Tab settings

102372938

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

John A. Delyani (9/18/02) Alex Bobik (10/31/02)
Kenton N. Fedde (11/7/02)
John W. Funder (10/30/02)
Michael R. Ward (9/30/02)
Peter Kanellakis (10/3/02)

Additional names(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other

Execution Date: September, October & November 2002

2. Name and address of receiving party(ies):

Name: Pharmacia Corporation

Internal Address: Corporate Patent Department

Street Address: P.O. Box 1027

City: Chesterfield State: MO ZIP: 63006

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent numbers(s):

If this document is being filed together with a new application, the execution date of the application is

A. Patent Application No.(s)

60/164,390

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Pharmacia Corporation

Internal Address: Corporate Patent Department

02/25/2003 TDIAZ1 00000146 191025 60164390

01 FC:8021 40.00 CH

Street Address: P.O. Box 1027

City: Chesterfield State: MO ZIP: 63006

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41):.....\$ 40.00

☐ Enclosed - Any excess or insufficiency should be credited or debited to deposit account

☒ Authorized to be charged to deposit account

8. Deposit account number:

19-1025

(Attach duplicate copy of this page if paying by deposit account)

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Scott A. Williams

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: 9

ASSIGNMENT

WHEREAS, We, John A. Delyani, Kenton N. Fedde, John W. Funder, Michael R. Ward, Peter Kanellakis and Alex Bobik have invented an improvement in **METHODS FOR TREATING, INHIBITING OR PREVENTING PATHOGENIC CHANGE RESULTING FROM VASCULAR INJURY WITH AN ALDOSTERONE ANTAGONIST** (File 3258/PR) and have executed an application for a United States patent based thereon (Serial No. 60/164,390, filed November 9, 1999).

WHEREAS, Pharmacia Corporation, of St. Louis, Missouri, a Corporation of the State of Delaware, is desirous of acquiring the entire right, title and interest in and to said invention or inventions and any and all patents to be obtained therefor;

NOW, THEREFORE, FOR GOOD AND VALUABLE CONSIDERATION, the receipt of which is hereby acknowledged, I/WE do hereby sell, assign and transfer to said Pharmacia Corporation, its successors and assigns, the entire right, title and interest in and to said invention or inventions, in any form or embodiment thereof, and in and to said application(s); and in and to any and all applications filed in any country based thereon, including the right to file applications in countries other than the country of priority filing under the provisions of any international convention; also in and to any and all improvements on said invention or inventions now or hereafter made by me/us as employee(s), agent(s) or contractor(s) of said Pharmacia Corporation; also the entire right, title and interest in and to any and all patents, including reissues and extensions thereof, to be obtained in any country upon said invention, inventions or improvements, and any and all continuing applications, including divisional, continuation and continuation-in-part applications, substitute applications, and applications claiming benefit of an earlier filed provisional application, which may be filed upon said invention, inventions or improvements in any country; and

I/WE hereby authorize and request the issuing authority to issue any and all patents on said application or applications to said Pharmacia Corporation, as assignee of the entire interest.

I/WE further agree, without any payment by Pharmacia Corporation other than in reimbursement of reasonable expenses I/we may incur, to communicate to said Pharmacia Corporation, its representatives or agents, any facts relating to said invention, inventions or improvements, including evidence for purposes of interference, opposition or other legal proceedings, whenever requested; testify in any interference, opposition or other legal proceedings, whenever requested; and execute and deliver, on request, all lawful papers required to make any of the foregoing provisions effective.

IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature: John A. Delyani Date: 9/18/02
Name: John A. Delyani

City and state or country of residence: Grays Lake, Illinois USA

State of New Jersey }
County of HUNTERDON } ss.

On this 18 day of September, 2002, before me personally appeared John A. Delyani, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Rosemarie Nowruk
Notary Public or Consular Officer

My Commission Expires: June 27, 2005

IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature: Kenton N. Fedde

Date: 07-Nov-02

Name: Kenton N. Fedde

City and state or country of residence: Webster Groves, Missouri USA

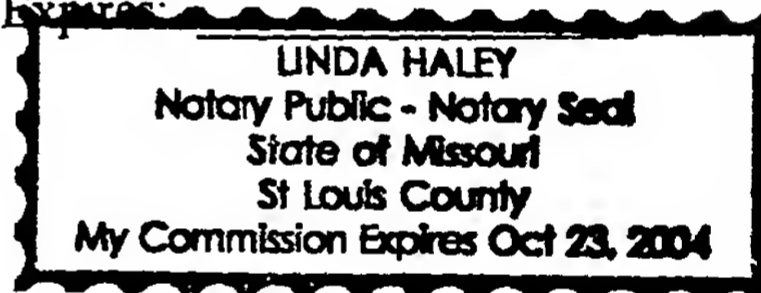
State of Missouri }
County of St. Louis } ss.

On this 7 day of November, 2002, before me personally appeared Kenton N. Fedde, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

Linda Haley
Notary Public or Consular Officer

My Commission Expires:



IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature:  Date: 10.30.2002

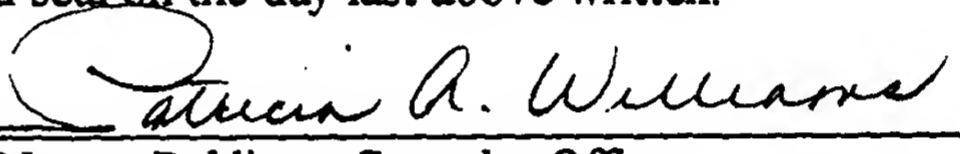
Name: John W. Funder

City and state or country of residence: Victoria, Australia

State of New Jersey }
County of Somerset } ss.

On this 30 day of October, 2002, before me personally appeared John W. Funder, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)


Notary Public or Consular Officer

My Commission Expires: 9-20-2006

IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature: [Signature]

Date: 30/7/02

Name: Michael R. Ward

City and state or country of residence: NSW Victoria, Australia

State of NSW }
County of Australian } ss.

On this day of , 2002, before me personally appeared Michael R. Ward, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

[Signature] 800035
Notary Public or Consular Officer

My Commission Expires: _____

IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature: P. Kanellakis Date: 3/10/02

Name: Peter Kanellakis

City and state or country of residence: Victoria, Australia

State of Victoria }
County of Australia } ss.

On this 3rd day of October, 2002, before me personally appeared Peter Kanellakis, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

R. Rodie
Notary Public or Consular Officer

My Commission Expires: _____

A JUSTICE OF THE PEACE FOR VICTORIA
REG. No. 9324
ROSALIND PAULINE RODIE
ALFRED HOSPITAL
COMMERCIAL RD., PRAHRAN 3181

IN TESTIMONY WHEREOF, I/WE have hereto set our hands on the dates set after our signatures.

Signature: A. Bobik

Date: 3/10/02

Name: Alex Bobik

City and state or country of residence: Victoria, Australia

State of Victoria }
County of Australia } ss.

On this 3rd day of October, 2002, before me personally appeared Alex Bobik, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed; in testimony whereof I have hereto set my hand and official seal on the day last above written.

(seal)

R. Rodie
Notary Public or Consular Officer

My Commission Expires: _____

A JUSTICE OF THE PEACE FOR VICTORIA
REG. No. 9324
ROSALIND PAULINE RODIE
ALFRED HOSPITAL
COMMERCIAL RD., PRAHRAN 3181

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

J.A DELYANI ET AL

SERIAL NUMBER: 09/709,253

FILED: 8 NOV 2000

GROUP ART UNIT: 1617

EXAMINER: SANG MING R. HUI

DATE: 26 AUG 03

TITLE: METHODS FOR TREATING, INHIBITING OR PREVENTING PATHOGENIC CHANGE
RESULTING FROM VASCULAR INJURY WITH AN ALDOSTERONE ANTAGONIST

I hereby certify that this correspondence is being
deposited with the United States Postal Service as
Express Mail #EV325048373 US addressed to:

Commissioner for Patents,
Alexandria, VA 22313-1450 on 26 AUG 03
SCOTT A WILLIAMS
Registration No. 39,876

Date: 8/26/03

ASSOCIATE POWER OF ATTORNEY

Commissioner of Patents and Trademarks
Alexandria, VA 22313-1450
Sir:

Please recognize Joseph R. Schuh, Registration No. 48,180, whose
post office address is:

PHARMACIA CORPORATION
of Pfizer Inc.
Corporate Patent Department
P. O. Box 1027
Chesterfield, MO 63006
Tel: 314-274-8182

as Patent Agent in the above-identified application with full power to
transact all business before the Patent and Trademark Office with regard
to said application and any continuation or divisional applications
thereof.

Please address all future communications with regard to this
application to Joseph R. Schuh at the address indicated.

Respectfully submitted,

PHARMACIA CORPORATION
of Pfizer Inc.
Corporate Patent Department
P. O. Box 1027
Chesterfield, MO 63006

Scott A. Williams
Attorney for Applicants
Registration No. 39,876
314-274-4474